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Space Below For Office Use Only

## REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

Full Name of Committee/Person:	Rick Gillit Committee
Address of Committee/Person:	4985 S. Upson Dr.
City, State & Zip Code:	Englewood, CO 80110
Committee Type:	Candidate
Name and Address of Financial Institution	Vedra Bank

### Type of Report

#### Pre-election Reports

☒ 10/17/17, 5:00 p.m. (21 days prior to election)  
Reporting period: from the beginning of the initial filing through October 12, 2017

☐ 11/3/17, 5:00 p.m.  
Reporting period: from October 13, 2017 through October 29, 2017

#### Post-election Reports

☐ 12/7/17, 5:00 p.m. (30 days following election)  
Reporting period: from October 30, 2017 through December 2, 2017

☐ Annual (November 1, 2018, 5:00 p.m.)  
[This additional filing is required, if your December 2, 2017 filing does not reflect a zero balance.]  
Reporting period: from December 3, 2017 through October 27, 2018

#### Is this Report an Amendment?

☐ Yes ☐ No  
This amends the filing of (date) \_\_\_\_\_  
[Submit changes or new information only.]

#### Termination Report

[Termination Report MUST have a ZERO balance.]  
☐ Date \_\_\_\_\_

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0.00
2	Total Monetary Contributions (line 11)	\$ 2,003.50
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2,003.50
4	Total Monetary Expenditures (line 19)	\$ 623.82
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1,379.68

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.  
[Art. XXVIII Sec. 10(2)(a)]

**Authorization** (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: Richard E. Gillit

Registered Agent's Signature: [Redacted] Date: 10/17/17

Print Candidate Name: Rick Gillit

Candidates Signature: [Redacted] Date: 10/17/17

# **DETAILED SUMMARY**

Full Name of Committee/Person: \_\_\_\_\_

Current Reporting Period:

Aug 04, 2017

Through

Oct 12, 2017

<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>		\$	0.00
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (From Schedule "A")	\$	2,005. <sup>00</sup> / <sub>100</sub>
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	0
8	<b>Loans Received</b> (From Schedule "C")	\$	0
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	0
10	<b>Returned Expenditures (from recipient)</b> (From Schedule "D")	\$	0
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	2,005. <sup>00</sup> / <sub>100</sub>
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	0
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	2,005. <sup>00</sup> / <sub>100</sub>
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (From Schedule "B")	\$	623. <sup>42</sup> / <sub>100</sub>
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	0
16	<b>Loan Repayments Made</b> (From Schedule "C")	\$	0
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	623. <sup>42</sup> / <sub>100</sub>
18	<b>Total Coordinated Non-Monetary (in-kind) Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	0.00
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	623. <sup>42</sup> / <sub>100</sub>
20	<b>Total Spending</b> (Line 18 + line 19)	\$	623. <sup>42</sup> / <sub>100</sub>

**Schedule A – Itemized Contributions Statement (\$20 or more)**

1

Full Name of Committee/Person:

Rick Gillit Committee

**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. Date Accepted <u>9/5/2017</u>	4. Name (Last, First): <u>Drewus Bidley</u>
2. Contribution Amt. \$ <u>25<sup>00</sup>/<sub>100</sub></u>	5. Address: <u>4981 S. Kalamath</u>
3. Aggregate Amt. * \$ <u>25<sup>00</sup>/<sub>100</sub></u>	6. City/State/Zip: <u>Englewood, CO 80110</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Online Donation - Ane dot .com</u>
	8. Employer (if applicable, mandatory): <u>Self</u>
	9. Occupation (if applicable, mandatory): <u>Personal Assistant</u>

1. Date Accepted <u>9/6/2017</u>	4. Name (Last, First): <u>Dave &amp; Mindy Densmore</u>
2. Contribution Amt. \$ <u>50<sup>00</sup>/<sub>100</sub></u>	5. Address: <u>4591 S. Huron St.</u>
3. Aggregate Amt. * \$ <u>50<sup>00</sup>/<sub>100</sub></u>	6. City/State/Zip: <u>Englewood, CO 80110</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Online Donation - Ane dot .com</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>9/10/17</u>	4. Name (Last, First): <u>Brook Phifer</u>
2. Contribution Amt. \$ <u>400<sup>00</sup>/<sub>100</sub></u>	5. Address: <u>1490 W. Conal Ste 3000</u>
3. Aggregate Amt. * \$ <u>400<sup>00</sup>/<sub>100</sub></u>	6. City/State/Zip: <u>Littleton, CO 80120</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Online Donation - Ane dot .com</u>
	8. Employer (if applicable, mandatory): <u>Trans Mountain Corp.</u>
	9. Occupation (if applicable, mandatory): <u>Engineer</u>

1. Date Accepted <u>8/22/17</u>	4. Name (Last, First): <u>Ed &amp; Leila Phillips</u>
2. Contribution Amt. \$ <u>100<sup>00</sup>/<sub>100</sub></u>	5. Address: <u>5025 S. Huron St.</u>
3. Aggregate Amt. * \$ <u>100<sup>00</sup>/<sub>100</sub></u>	6. City/State/Zip: <u>Englewood, CO 80110</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

**Schedule A – Itemized Contributions Statement (\$20 or more)**

Full Name of Committee/Person: Rick Gillid Committee

**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. Date Accepted <u>9/20/17</u>	4. Name (Last, First): <u>Iola May Nicholl</u>
2. Contribution Amt. \$ <u>100<sup>00</sup>/<sub>100</sub></u>	5. Address: <u>4740 S. Lipan St.</u>
3. Aggregate Amt. * \$ <u>100<sup>00</sup>/<sub>100</sub></u>	6. City/State/Zip: <u>Englewood, CO 80110</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>9/20/17</u>	4. Name (Last, First): <u>Jack Reed</u>
2. Contribution Amt. \$ <u>30<sup>00</sup>/<sub>100</sub></u>	5. Address: <u>4630 S. Jason St.</u>
3. Aggregate Amt. * \$ <u>30<sup>00</sup>/<sub>100</sub></u>	6. City/State/Zip: <u>Englewood, CO 80110</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Cash</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>9/21/17</u>	4. Name (Last, First): <u>Nancy Doty</u>
2. Contribution Amt. \$ <u>100<sup>00</sup>/<sub>100</sub></u>	5. Address: <u>4752 S. Aberdeen Pl.</u>
3. Aggregate Amt. * \$ <u>100<sup>00</sup>/<sub>100</sub></u>	6. City/State/Zip: <u>Littleton, CO 80123</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Personal Check</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>10/11/17</u>	4. Name (Last, First): <u>John Cook</u>
2. Contribution Amt. \$ <u>500<sup>00</sup>/<sub>100</sub></u>	5. Address: <u>2700 S. Broadway</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Englewood, CO 80110</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>South Broadways Best</u>
	9. Occupation (if applicable, mandatory): <u>Developer</u>

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

**Schedule A – Itemized Contributions Statement (\$20 or more)**

Full Name of Committee/Person: Rick Gillis Committee

**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. Date Accepted <u>10/11/17</u>	4. Name (Last, First): <u>Philips, Ed + Leila</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>5023 S. Huron St</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>Englewood, CO 80110</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>10/11/17</u>	4. Name (Last, First): <u>Apartment Assoc. of Metro Denver Political Committee</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: <u>7100 E. Belleview Ave #305</u>
3. Aggregate Amt. * \$ <u>500.00</u>	6. City/State/Zip: <u>Greenwood Village, CO 80111</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10/11/17</u>	4. Name (Last, First): <u>Kerber, Dave</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>7101 E. Berry Ave</u>
3. Aggregate Amt. * \$ _____	6. City/State/Zip: <u>Greenwood Village, CO 80111</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Check</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted _____	4. Name (Last, First): _____
2. Contribution Amt. \$ _____	5. Address: _____
3. Aggregate Amt. * \$ _____	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

**Schedule B – Itemized Expenditures Statement (\$20 or more)**  
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/5/17</u>	4. Name: <u>Anedot.com</u>
2. <u>Amount</u> \$ <u>1<sup>30</sup>/<sub>71</sub></u>	5. Address: <u>Online Service</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: <u>Donation Processing Fee</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/6/17</u>	4. Name: <u>Anedot.com</u>
2. <u>Amount</u> \$ <u>2<sup>30</sup>/<sub>71</sub></u>	5. Address: <u>Online Service</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: <u>Donation Processing Fee</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/8/17</u>	4. Name: <u>Anedot.com</u>
2. <u>Amount</u> \$ <u>47<sup>40</sup>/<sub>84</sub></u>	5. Address: <u>Online Service</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____ 7. Purpose of Expenditure: <u>Donation Processing Fee</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/15/17</u>	4. Name: <u>Rick Gillit</u>
2. <u>Amount</u> \$ <u>225<sup>00</sup></u>	5. Address: <u>4985 S. Upam Dr.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Englewood, CO 80110</u> 7. Purpose of Expenditure: <u>1000 Color Flyers Printed @ 22.5¢ each.</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/20/17</u>	4. Name: <u>FedEx Kinkos</u>
2. <u>Amount</u> \$ <u>4.<sup>82</sup>/<sub>71</sub></u>	5. Address: <u>333 W. Hampden Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Englewood, CO 80110</u> 7. Purpose of Expenditure: <u>Have Flyers Cut in Half</u> <input type="checkbox"/> Check box if Electioneering Communication

**Schedule B – Itemized Expenditures Statement (\$20 or more)**  
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/12/2017	4. Name: <u>USPS</u>
2. <u>Amount</u> \$ <u>343<sup>00</sup><sub>74</sub></u>	5. Address: <u>915 W. Lehigh Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Englewood, CO 80110</u>
	7. Purpose of Expenditure: <u>Postage Stamps For Mailing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

**Schedule C - Loans**

Candidate Committees only

Full Name of Committee/Person: Rick Gillid Committee**LOANS - Loans Owed by the Committee**

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)

[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

**LOAN SOURCE**Name (Last, First or Institution): N/A

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Original Amount of Loan: \$ N/A Interest Rate: N/ALoan Amount Received This Reporting Period: \$ 0

Total of All Loans This Reporting Period: \$ \_\_\_\_\_

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0Interest Amount Paid This Reporting Period: \$ 0Amount Repaid This Reporting Period: \$ 0  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)Total Repayments Made: \$ 0  
(Sum of Schedule C pages, Place on line 16 of Detailed Summary)Outstanding Balance: \$ 0TERMS OF LOAN: N/A  
Date Loan ReceivedN/A  
Due Date for Final Payment**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed

## Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Rick Gillit Committee

### Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

### Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

**Statement of Non-Monetary Contributions**  
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

**Full Name of Committee/Person:** \_\_\_\_\_

**PLEASE PRINT/TYPE**

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."